Objectives

- Identify the influences and resources available to the physical therapy professional to support ethical decision making.
- Discuss ethical issues in the provision of physical therapy and interprofessional services at the individual, organizational, and societal levels.
- Discuss structured models of ethical decision making and the ethical principles and values inherent in each model.
- Apply these models to case studies commonly encountered in physical therapy and interprofessional practice.

Ethics and the Evolving Physical Therapy Profession

- Berg-Poppe, MacCabe, Karges (2018)
- Significant ethical issues facing PTs (high frequency of identifying ethical situations) in all practice environments
- Perceived difficulty of the PT in reaching an ethical decision in these situations reported as significantly less difficult (other than establishing priorities for pt. tx when time or resources limited) as compared to original study (1980), where both identifying and resolving ethical situations rated as much more difficult.

Ethics and the Evolving Physical Therapy Profession

- Findings surmised to be result of evolving role of PTs in terms of autonomy and independent professional judgement/decision making, Code of Ethics refinement, move to DPT entry-level education, inclusion of ethics courses/content in curricula (CAPTE), ongoing continuing education in ethics (those with additional training stated easier time identifying ethical situations and less perceived difficulty in reaching decisions than those without training), and changes in the healthcare environment.
MORALITY
- Convictions regarding right and wrong based on values, beliefs, duties. Often simply accepted, culture based i.e. honesty, integrity, justice, fairness, decency, compassion, respectfulness, humility seen as moral characteristics.
- These accepted values and behaviors preserve society
- Morality is relational; relationships to ensure QOL for individual, group, community.
- Morality is contextual: moral judgement needed to address specific situation.

MORALITY
- **Moral Development**: Instill in next generation habitual guidelines of right and wrong. Study of morality (ethics) can strengthen our ability to deal with moral uncertainty, ambiguity and ethical dilemmas, including in the health professions. Development autonomous moral reasoning, wider perspective of values.
- **Moral Agency**: Ability to make ethical decisions based on right and wrong, be held accountable for ethical decisions, ability to act in an ethical manner consistently. Can be individual, team, organizational.
- **Morally Defensible Decisions**: Desired outcome of process.

ETHICS
- Complex field grounded in philosophy, theology, culture, politics, sociology.
- Situational deliberation/justification of positions based on rational arguments (rules, principles, theories) for guidance when the best action is not clear.
- Systematic study and reflection of morality (right, wrong, good, best).
- Biomedical ethics concerns the application of ethical principles to problems that occur in health care.
- Ethics are heterogeneous

ETHICS AND MORALITY
- Morale thing to do: follows traditions, customs, laws of individual, group or society use for guidance
  - **First order ethics**: beliefs regarding right and wrong taken for granted, subconscious
- Ethical thing to do: Course of action has been analyzed and reflected on
  - **Second order ethics**: requires reflection on first order values and beliefs about right and wrong (morality) and analysis
ETHICS AND LAW

- We act on society's ethics through the election process
- Laws theoretically reflect the shared values of most, based on justice
- Laws are minimal standard of behavior, uniform, enforced
- Laws external to PT (created by level of govt.), ethics more internal (individual, professional)
- Law: “must”, ethics: “should”; aspirational (higher standard than law)

WHAT INFLUENCES US TO MAKE ETHICAL DECISIONS? TO ACT AS MORAL AGENTS?

- Ethical Decision Making
  - Ethical Principles, Theories
  - Personal Values, Beliefs, Moral Development
  - HCP's Societal and Fiduciary Responsibility
  - Patient Bill of Rights
  - Institutional P&P
  - Professional Ethics
  - Law/Regulation

PROFESSIONAL ETHICS

- Binding Ethical Documents of the APTA
  - Code of Ethics for the Physical Therapist
  - Standards of Ethical Conduct for the Physical Therapist Assistant
- Adopted by HOD to guide conduct of physical therapists and physical therapist assistants
- APTA Guide for Professional Conduct (interprets Code of Ethics; opinions and decisions of APTA Ethics and Judicial Committee)
- APTA Guide for Conduct of the Physical Therapist Assistant
- Core Values for the Physical Therapist and Physical Therapist Assistant
- APTA Positions, Standards, Guidelines, Policies and Procedures
APTA CODE OF ETHICS

- Delineates the ethical obligations of all physical therapists as determined by the HOD of the APTA.
- Defines the ethical principles that form the foundation of physical therapist practice.
- Provides guidance for professionals facing ethical challenges.
- Educates PTs, students, other HCPs, regulators and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
- Represents consensus within a profession that allows HCPs to work cooperatively and compete fairly.

HISTORICAL PERSPECTIVE

- First Code of Ethics and Discipline, 1935 by the American Physiotherapy Association
- Ethical Violations:
  - “Diagnosing, stating the prognosis of a case, and prescribing treatment shall be entirely the responsibility of physician. Any assumption of this responsibility by one of our members shall be considered unethical”.
  - Members shall not procure patients by advertisements
  - Members shall not indulge in criticism of doctors

CODE OF ETHICS FOR THE PHYSICAL THERAPIST

1. PTs shall respect the inherent dignity and rights of all individuals (Compassion and Caring, Integrity).
2. PTs shall be trustworthy and compassionate in addressing the rights and needs of patients and clients (Altruism, Collaboration, Compassion and Caring, Duty).
3. PTs shall be accountable for making sound professional judgments (Collaboration, Duty, Excellence, Integrity).
4. PTs shall demonstrate integrity in their relationships with patients, families, colleagues, students, research participants, other HCPs, employers, payers and the public (Integrity).
5. PTs shall fulfill their legal and professional obligations (Accountability, Duty, Social Responsibility).
6. PTs shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities and professional behaviors (Excellence).

CODE OF ETHICS

7. PTs shall promote organizational behaviors and business practices that benefit patients and clients and society (Integrity, accountability).
8. PTs shall participate in efforts to meet the health needs of people locally, nationally, or globally (social responsibility).

Code of Ethics addresses desired behavior of the PT in their multiple roles (i.e. management of patients and clients, consultation, education, research, administration); in multiple aspects of ethical actions (individual, organizational and societal) and reflects the core values of the physical therapist.
CORE VALUES FOR THE PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT

• Accountability
• Altruism
• Collaboration
• Compassion and Caring
• Duty
• Excellence
• Integrity
• Social Responsibility
• HOD added: inclusivity 9/21

IDENTIFICATION OF ETHICAL ISSUES IN PHYSICAL THERAPY PRACTICE

Patient Rights and Welfare
- Informed Consent
- Patient Confidentiality
- Prevention of Sexual and Physical Abuse
- Care to All Without Regard to Patients’ Social or Personal Characteristics

Professional Roles and Responsibilities
- Over and under utilization of PT services
- Clinical Competency
- Supervision
- Duty to Report Misconduct

Business Relationships
- Appropriate fees for services
- Truth in advertising
- Endorsement of Equipment Where PT Has $$ Interest
- Fraud in Billing
- Financial Exploitation of Patients

ETHICAL ISSUES IN PHYSICAL THERAPY PRACTICE

• Reimbursement restrictions limiting patient access to care
• Pressure to increase productivity, medically unnecessary care
• Appropriate billing and pressure for upcoding patient charges
• Patient care decision making
• Conflicts between PT as a practice and a business
• Bullying, harassment
• Appropriate supervision
• Inappropriate use of unlicensed personnel to deliver physical therapy services
• Referral relationships

Ethical Principles
ETHICAL PRINCIPLES

- General standards and guidelines for ethical behavior
- Basis of Codes of Ethics
- Widely accepted in literature and practice
- Incorporated into jurisprudence, Standards of Care, practice
- Can be used for analyzing moral issues to determine core issues
- Allows issues to be weighted (which principles take precedence) and compared since principles may be in conflict situationally
- Allows justification of courses of action
- Principles less comprehensive than ethical theories

AUTONOMY

- The ethical principle addressing an individual's freedom to decide their own course of life, to act on that choice, and to receive respect for that freedom from others including healthcare professionals. The right to self determination.

BENEFICENCE

- The ethical principle obligating healthcare professionals to do what is best in terms of contributing to the good health and welfare of the patient.

NONMALEFICENCE

- The ethical principle obligating healthcare professionals from avoiding or refraining from harming the patient. Prevent evil wherever possible.
JUSTICE

- The ethical principle obligating healthcare professionals to fairness, equity, and access in their professional roles.
  - Distributive: equal distribution of services and benefits to all, fairness of outcomes
  - Compensatory: make up for past injustice
  - Procedural: fairness of processes

ADDITIONAL ETHICAL VALUES

- Veracity: An obligation to tell the truth
- Confidentiality: To hold in strict confidence all information learned about a patient in the course of healthcare practice
- Role fidelity: The faithful practice of the duties contained within the healthcare provider’s particular practice. Keeping promises

ETHICAL THEORIES

- Theory: set of assumptions to explain or predict an outcome or phenomena. Typically theory can not be proved, only disproved
- Attempts to organize and explain moral rules, attitudes and behaviors into systematic perspectives
- Provide conceptual frameworks for approaching ethical dilemmas
- Exploring the questions of how/why we would act in a moral or ethical way
DEONTOLOGICAL ETHICAL THEORIES

- Nature of conduct is prospectively assessed using established universal standards for behavior; rules, laws, codes of ethics, duties, rights (rules-based)
- Individual performs their duty by following rules without focusing on consequences
- Both “Rights” and “Duty” Ethics hold that actions are right or wrong because of their inherent nature; not because of their consequences. Rights are to be respected, duties are to be performed, even when doing so does not promote the general good

RIGHTS ETHICS

- Theory places human rights as morally paramount and fundamental (the moral bottom line)
- Historically: civil rights movement, women’s rights movement, gay rights movement, patients rights movements which shifts moral decision making from MD to patient
- A rights approach produces an ethical decision that maintains and protects fundamental rights and privileges of the people affected by the action. Actions are wrong if they violate the rights of the individual

DUTY ETHICS

- Moral duties, that when clash create ethical dilemma. Which duties (rather than rights) have priority in the given situation?
- Morality requires us to do certain things because they are our duty, and do not contribute to personal gain or self interest
- Example: I have a duty to only tell the truth, therefore lying is never morally acceptable

DEONTOLOGY

- Model may work well when consensus exists on duties, rights, obligations
- May not work so well with cultural and contextual differences
- Since moral principles are absolute with no permissible exceptions, not very helpful in true ethical dilemma when duties, principles conflict
TELEOLOGICAL ETHICAL THEORIES

- Consequentialist theories
- Moral quality of conduct is assessed (determine to be right or wrong) based on the goodness or badness of its consequences
- Outcomes focused (personal, fiscal, organizational, societal)
- Ends-based

UTILITARIANISM

- Acts to produce the most good for the most people, considering equally the interests of each person affected by our actions
- Examine facts, make best judgment about effects of alternative choices; choose the one that maximizes good consequences overall
- Uses cost-benefit analysis to a situation
- The ethical decision produces “the greatest happiness/good for the greatest number”
- Example: Lying is morally right when it promotes the most good, and wrong when it promotes more bad than good

UTILITARIANISM

- May be good for policy decisions for a large group of people
- How balance competing needs/goods?
- Greatest good for the greatest number may be achieved but significant harm may come to some (violation of individual rights, human rights)

VIRTUE ETHICS

- Renewed focus last few decades, significant influence in healthcare
- Also called “character ethics”; what it means to be a good person, live a good life, have good relationships.
- Focus on character and judgment of the person performing the action rather than on rules or consequences of conduct or the action itself
- Adoption of professional core values, acting as moral agent, professional identity; the “kind of person I should be”
- Virtue-based, agent based
**VIRTUE ETHICS**

- May be appropriate for day to day relational interactions
- May be less useful to address policy, social good

**NARRATIVE BASED ETHICS³**

- Resolves ethical issues by listening to experiences and perspectives of participants and stakeholders, fully involves patient's experiences
- Ethics of care, contextualism, situational ethics, shared decision making approach
- Emphasizes communication, empathy, understanding emotions
- HCPs help patients identify values, beliefs, feelings, culture, habits
- HCPs self-reflect on same
- Highly interactive; ideas generated through shared thoughts, feelings, perceptions and meanings

**ETHICAL SITUATIONS AND ETHICAL THEORIES³**

<table>
<thead>
<tr>
<th>Ethical Situation Concerns</th>
<th>Most Useful Ethical Theory May Be</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific duties in laws, rules, code of ethics, societal expectations</td>
<td>Rule-based</td>
</tr>
<tr>
<td>Public policy, common good, balancing multiple interests</td>
<td>Ends-based</td>
</tr>
<tr>
<td>Relationships, personal experiences, human rights, lack of access and resources</td>
<td>Narrative-based</td>
</tr>
<tr>
<td>Personal qualities, moral courage, demonstrating</td>
<td>Virtue-based</td>
</tr>
</tbody>
</table>

*Swisher and Royeen, pp. 60*
PRINCIPLED APPROACH TO ETHICAL DECISION MAKING

• Commonly used in healthcare
• Practical, applicable vs. theory based
• Encourages interpretation, deliberation using the four ethical principles as standards

PRINCIPLED DECISION MAKING MODEL

1. Identify a problem or dilemma as having ethical implications
2. Gather the facts, identify ethical issues
   • Do you have duties or obligations, to whom?
   • Are there professional resources available to you for guidance (Code of Ethics, Practice Act, APTA position)
3. Analyze the issue using the four ethical principles
4. Identify and analyze alternative ethical solutions
5. Select the best option, implement and assess results

DIFFICULTIES OF PRINCIPLED DECISION MAKING

• Do these principles really bind all HCP's?
• Do we all value and adopt them as foundational? Is there disagreement about which principles most acceptable?
• Is this the highest moral standard?
• Patient's cultural context likely lost in the decision making process

THE REALM-INDIVIDUAL PROCESS-SITUATION (RIPS) MODEL OF ETHICAL DECISION MAKING

• Swisher, Arsianian and Davis, 2005
• Four Steps:
  – Recognize and define the ethical issues
  – Reflect and Interpret the information
  – Decide the right thing to do
  – Implement, evaluate, re-assess
• RIPS Model incorporates the concepts/work of:
THREE REALMS OF ETHICS
JOHN GLASER

• Individual Good: Simplest realm, concerns individuals and their relationships regarding various values and needs. Includes weighing and balancing values/good/loyalties that stand in tension between two or more individuals (ex: need for one person’s medical care and the danger of infection for the HCP treating that person)

• This realm has been the emphasis of bioethics for past 2 decades; patient autonomy, informed consent, privacy, patient rights, truth telling, living wills, confidentiality

• Organizational Good: More complex realm, primary objective is the net organizational good; state of organizational vigor and development that enables the organization to maximize its purpose now and into the future. Those responsible for the organization must seek this net good

• One realm typically takes precedence in a given situation (most important or “cardinal” realm), but every situation has implications for all three realms

• Realms are interdependent

• Identifying cardinal realm often helps decision maker in knowing where to focus efforts for resolution

• Societal Good: Most complex realm looking at the common good of society, the well being of the community; its safety, integrity of its institutions and practices, preservation of its core values. Common good not achieved by some invisible force as we each pursue our own individual good. Requires balancing conflicting needs/goods of society like education, health, safe housing

• Examples include policy issues; require political action in societal realm to impact change
MORAL BEHAVIOR (INDIVIDUAL PROCESS)
JAMES REST

- Four components of moral behavior
- All four need to be in place for a good ethical decision
- In an ethical situation, typically one requires the focus and action of the decision maker(s)
- Identifying the individual process of most importance helps decision maker in knowing where to focus actions

We ask: what does this particular ethical situation most require of me?

- Moral Sensitivity: recognizing, identifying and interpreting ethical situations, projecting the consequences
- Moral Judgment: making decisions between right vs. wrong actions. Generate options, choose an alternative, apply ethical principles, assess lines of action

MORAL BEHAVIOR (INDIVIDUAL PROCESS)
JAMES REST

- Moral Motivation: ability to place ethical values over other values (i.e. patient’s over our own), prioritize.
  *Professionalism*

- Moral Courage: decision and ability to implement the action even though it is difficult and may result in personal adversity.
  *Professionalism*

ETHICAL SITUATIONS
PURTILO AND KIDDER

- Ethical Dilemma: a situation in which there are two “right” alternatives. Typically ethical principles are in conflict. Calls for moral judgment. Either alternative morally defensible

- Moral Temptations: a situation of “right” versus “wrong”, calls for moral courage. (i.e. MCO’s organizational interests in opposition to patient’s). HCP may benefit from doing the wrong thing
ETHICAL DECISIONS
PURTILO AND KIDDER

- Moral Distress: results from a situation where know the right thing to do, but don’t have the authority to put it into action

- Silence: situation where ethical values are compromised, but no one is talking/taking action. Maybe what happens when individual in moral distress

RIPS ANALYSIS GRID

<table>
<thead>
<tr>
<th>Realm</th>
<th>Individual Process</th>
<th>Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Moral sensitivity</td>
<td>Issue or problem</td>
</tr>
<tr>
<td>Organizational</td>
<td>Moral judgment</td>
<td>Ethical dilemma</td>
</tr>
<tr>
<td>Societal</td>
<td>Moral motivation</td>
<td>Distress</td>
</tr>
<tr>
<td></td>
<td>Moral courage</td>
<td>Temptation</td>
</tr>
<tr>
<td>Rationale</td>
<td>Rationale</td>
<td>Rationale</td>
</tr>
</tbody>
</table>

RIPS STEP 1- RECOGNIZE ETHICAL ISSUES

- Gather and examine the facts of the case
- Analyze the realms
  - Individual, organizational, societal
- Analyze the individual process
  - Moral sensitivity, judgment, motivation, courage
- Analyze the situation
  - Issue or problem, dilemma, distress, temptation, silence

RIPS STEP 2- REFLECT

- Reflect on and interpret the information from step one
  - Situations emphasizing individual realm probably will result in need for direct communication with another or change in personal behavior
  - If organizational realm emphasized may need change in P&P, organizational culture, values
  - If societal realm emphasized may need to influence public policy, legislative process
RIPS STEP 2: REFLECTION CONTINUED

- Analysis of the ethical situation and the individual process often go together
  - i.e. if ethical situation moral temptation (right vs. wrong), then most important process/action is moral courage. Don’t need to analyze pros/cons of alternatives. Often legal issues involved
  - Right vs. right situation requires moral judgment; more consideration of alternatives

RIPS STEP 3: DECIDE THE RIGHT THING TO DO

- This step is for true ethical dilemmas, not moral temptations
- Many ways to analyze right vs. right decisions
  - Rules based: follow rules, duties, ethical principles already in existence
  - Ends based: determine and analyze the outcomes of each alternative for each stakeholder
  - Care based: base decision on relationships, concern for others

RIPS STEP 4: IMPLEMENT, EVALUATE AND REASSESS

- Implement your decision
  - Critical in right vs. wrong situations
- Evaluate outcomes; was your assessment correct?
- May begin a new cycle of decision making
- Need for individual growth in moral judgment, courage?

REALM-INDIVIDUAL PROCESS-SITUATION MODEL OF ETHICAL DECISION MAKING (RIPS)

- More comprehensive, richer situational context
- Provides structured process for decision making
- Considers organizational and societal components of ethical situations, not just individual
- Helps to clearly identify moral temptations vs. ethical dilemmas for the HCP
- Well known model in PT, PT education
- Concerns include model may be too linear/rational to capture information such as personal and organizational values
ACTIVE ENGAGEMENT MODEL OF ETHICAL DECISION MAKING

- Model includes 3 components; active listening, reflexive thinking (aware of own perspective, critical reflection), and critical reasoning
- Emphasis on connectedness (people, systems) and moral agency
- Linking clinical and ethical components of practice
- Integrating ethical principles
- Narrative Ethics approach

SIX STEPS PROCESS OF ETHICAL DECISION MAKING

- Doherty and Purtilo (2016)
- Steps in Model:
  - Gather relevant information
  - Identify the type of ethical problem
  - Use ethics theories of approaches to analyze the problem
  - Explore practical alternatives
  - Complete the action
  - Evaluate the process and outcomes

DIALOGIC ENGAGEMENT MODEL FOR INTERPROFESSIONAL REHAB ETHICS

- Swisher and Royeen (2020)
- Model to facilitate Interprofessional Ethics;
  - Systematic and intentional reflection on morality by HCPs across professions deliberately collaborating together in patient centered, relationship focused manner
  - Individual moral judgement not necessarily best resolution for team based care; building moral agency of team
  - Creation of intentional “moral commons”; planned interactive discussion and deliberation between individual and team using common language, inclusion of stakeholders

DIALOGIC ENGAGEMENT MODEL DIMENSION ONE

- Prepare/Individual Analysis; prepare for moral dialogue and by individually analyzing the ethical situation from own professional/personal perspective so can provide summary of issue and course of action to group. Consider legal issues, duties, virtues, consequences, narrative, realms and situation (context). Gather resources. Consider own values and preferences as analyze
- Establish Moral Commons; create regular time and shared space and culture of respect and trust for intentional discussion of ethical issues that arise, involve relevant stakeholders, multiple professions
DIALOGIC ENGAGEMENT MODEL
DIMENSION TWO AND THREE

- Engage in critical dialogue with team with the goal of reaching mutual consensus for ethical decision. Use moral community in listening to and addressing different perspectives and analysis from each profession, different roles, different courses of action brought forward from individual analysis
- Summative reflection: revisiting of thoughts and emotions by individual and group following reaching a decision or consensus. Critical self reflection, actively listening and responding to others’ experiences

CASE ANALYSIS I

- You are a co-owner of an OP PT clinic that has operated for ten years. Your business partner, another PT, and you have built an excellent reputation in the community and benefit from a wide referral network including self-referral. You respect your partner’s clinical expertise and commitment to the business. Over the last three months you have noticed some changes in your partner’s behaviors; he seems quieter, easily distracted, and generally less engaged in the operations of the clinic. Several times you have thought you might have smelled alcohol on his breath on Monday mornings, and again earlier this week after coming back from lunch. You have been thinking more about these changes when a patient that he treated last week mentions to you that she thought your partner may have “nodded off” during her visit while talking with her about her home program, and repeated himself multiple times. Your growing concern leads you to think you need to take some kind of action.

Based on Ethics in Practice; Kirsh NR, PT Magazine 15(1), 2007

CASE ANALYSIS UTILIZING RIPS MODEL

1. Step One: Recognize and Define the Ethical Issues
   Gather and examine the facts of the case
   Analyze the realms, the individual process and the type of situation

<table>
<thead>
<tr>
<th>Sphere of Influence</th>
<th>Individual Process (what does the situation require of you?)</th>
<th>Situation (what type of ethical situation is this?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal</td>
<td>Moral sensitivity</td>
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</tr>
</tbody>
</table>

   Based on Ethics in Practice; Kirsh NR, PT Magazine 15(1), 2007
CASE ANALYSIS UTILIZING RIPS MODEL

2. Step Two: Reflect on the Information from Step One
   - Who are the major stakeholders, who might be affected by a decision?
   - What are potential consequences of your action or inaction?
   - Are there legal issues in this situation?
   - What ethical principles may be involved?
   - What resources do you have available to help you?

3. Step Three: Decide the Right Thing to Do
   - What action should you take?
   - Is inaction a consideration?
   - Can analyze alternatives using rules based, ends based, or care based analysis.
   - Are there barriers to doing what you think is best?

4. Step Four: Implement, Evaluate and Re-Assess

CASE ANALYSIS II

• Janna is a new PT working with Mrs. Reynolds, a patient at an outpatient rehab facility. Mrs. Reynolds is recovering from a fairly involved CVA and has health insurance through a managed care plan. The clinic’s billing specialist called to verify coverage and was told that Mrs. Reynolds’ OP PT benefit is ten visits. Mrs. Reynolds has made steady progress, and Janna is confident that her function would increase significantly from further treatment. Tomorrow is Mrs. Reynolds’ tenth visit, and as such Janna plans to discharge her at that time.
ADVOCACY

• Impacts and influences healthcare policy, legislation, regulation, ethics, and society.
• Ensures all voices on an issue are heard; protects and promotes the rights of society.

REFERENCES


REFERENCES/RESOURCES

- Core Values for the Physical Therapist and Physical Therapist Assistant, www.apta.org Updated 2020, 2021
- Physical Therapy Practice Act: North Carolina www.ncptboard.org Article 18E, last amended 10/2019
- Board of Physical Therapy Examiners Rules, www.ncptboard.org Chapter 48, last amended 9/2020

SESSION EVALUATION
Thank you!
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